

Docket No. 0152.00391

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for

which a patent is sought on MODULATION OF THE PHO	the invention entitled SPHOLIPASE A2 PATH	WAY AS A THERAPEUTIC	
the specification of which			7
(check one)			,
☑ is attached hereto.			
		United States Application No.	
and was amended on			
		(if applicable)	
I hereby state that I have re including the claims, as am	-	nd the contents of the above in the contents of the contents o	dentified specification,
•		States Patent and Trademarl defined in Title 37, Code of	
Section 365(b) of any fore any PCT International appli listed below and have also	ign application(s) for p cation which designate identified below, by ch International applicati	tle 35, United States Code, atent or inventor's certificated at least one country other tecking the box, any foreign a on having a filing date before	, or Section 365(a) of han the United States, pplication for patent or
Prior Foreign Application(s)			Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	
(Number)	(Country)	(Day/Month/Year Filed)	
	(Country)		
(Number)	(Country)	(Day/Month/Year Filed)	

60/092,570	July 13, 1998
(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

PCT/US99/15947	July 13, 1998	pending
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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Second inventor's signature	Date
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Citizenship	
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Full course of fourth inventor if any	
Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	
Residence	
Citizenship	
Post Office Address	
Full name of fifth inventor, if any	
Fifth inventor's signature	Date
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VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY Docket No. STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION 0152.00391 Serial No. Filing Date Patent No. Issue Date Applicant/ Daniel Paris et al. Patentee: Invention: MODULATION OF THE PHOSPHOLIPASE A2 PATHWAY AS A THERAPEUTIC I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below: NAME OF ORGANIZATION: University of South Florida ADDRESS OF ORGANIZATION: 4202 East Fowler Avenue **FAO 126** ij Tampa, FL 33620-7900 TYPE OF NONPROFIT ORGANIZATION: -,[☑ University or other Institute of Higher Education Ü ☐ Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) Nonprofit Scientific or Educational under Statute of State of . Inited States of America Name of State: Citation of: ☐ Would Qualify as Tax Exempt under Internal Revenue Service Códe (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America Name of State: Citation of Statute: I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in: the specification to be filed herewith. the application identified above. the patent identified above. I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention. If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under

37 CFR 1.9(e).

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FULL NAME		······································				
ADDRESS		Individual		Small Business Concern		Name of Committee
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